2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P97000101609** Mar 24, 2000 8:00 am Secretary of State 1. Entity Name GTR - GLOBAL TEK RESOURCES CORPORATION 03-24-2000 90110 014 ***150.00 Principal Place of Business Mailing Address 16119 SW 68 TERR 16119 SW 68 TERR MIAMI FL 33193-3493 MIAMI FL 33193 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0796946 Not Applicable Country **\$8.75** Additional Zip Country Zip 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORDEIRO DE MATTOS , MARCELO Street Address (P.O. Box Number is Not Acceptable) 16119 SW 68 TERR **MIAMI FL 33193** Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. \Box Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Delete Change TITLE TITLE CORDEIRO DE MATTOS , MARCELLO NAME NAME STREET ADDRESS STREET ADDRESS 16119 SW 68 TERR CITY-ST-ZIP CITY-ST-7(P **MIAMI FL 33193** Change ☐ Addition SD ☐ Delete TITLE TITLE NAME MATTOS, ELMA LUCIA NAME STREET ADDRESS 16119 SW 68 TERR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33193** ☐ Addition Change TITLE ☐ Delete TITLE OLIVEIRA, ULTIMO NAME 16119 SW 68 TERR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE **MIAMI FL 33193** Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SWENTENSING IN THE PROPERTY OF STATE OF

2/18/2000

305-752-3132

Daytime Phone #